

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MadisonRegistration District No. 538Township FredericktownPrimary Registration District No. 3028City Fredericktown (No.)File No. 21124Registered No. 57

St. Ward)

2. FULL NAME Evelyn Elizabeth Skaggs

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 9, 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

616

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Fredericktown Missouri

FATHER

13. NAME

Clarence Skaggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Genevieve Co. Mo.

MOTHER

15. MAIDEN NAME

Ethel Dix

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Herculaneum Missouri

17. INFORMANT (ADDRESS)

Clarence Skaggs

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ebenezer

DATE

6/24/34

19. UNDERTAKER (ADDRESS)

Ed. G. Webb Fredericktown Mo.

20. FILED

June 23, 1934 S. C. S. Laughter

Registrar.

B. E. A. Schwane

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 23, 1934

22. I HEREBY CERTIFY That I attended deceased from

June 13, 1934, to June 23, 1934I last saw her alive on June 22, 1934. Death is saidto have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Dilliv. C. Politis119B

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Laughter, M. D.

(Address)

Fredericktown Mo.

